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**Testimony of
The Permanent Commission on the Status of Women
Before the
Public Health Committee
February 20, 2013**

Re: S.B. 366, AA Requiring Licensed Social Workers and Counselors to Complete Continuing Education Coursework in Cultural Foundations

Senators Gerratana and Welch, Representatives Johnson and Srinivasan, and members of the committee, thank you for this opportunity to provide testimony on behalf of the Permanent Commission on the Status of Women (PCSW) regarding **S.B. 366, AA Requiring Licensed Social Workers and Counselors to Complete Continuing Education Coursework in Cultural Foundations**, which would assist counselors in providing culturally competent counseling and reduce health disparities.

Access to health insurance does not ensure accessible and adequate health services. Health disparities, defined by the Connecticut Department of Public Health as "...those avoidable differences in health that result from cumulative social disadvantage,"¹ also play a role in determining the quality and sustainability of one's health. PCSW is particularly concerned about gender, racial, and ethnic diversity in health care because there is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for certain diseases and conditions. We believe that the lack of diversity, including language barriers, impacts the quality of care for gender, racial and ethnic communities.

An estimated 22,000 Medicaid recipients in Connecticut face an additional barrier to accessing health care due to limited English proficiency.² Sixty-five different languages are spoken by low-income residents with limited English proficiency (LEP) in Connecticut.³ A study published by the American Journal of Public Health found that patients who had access to culturally competent services such as access to an interpreter, had significant increases in the receipt of preventive services, physician visits, and prescription drugs, which suggests that culturally competent services enhanced these patients' access to primary and preventive care for a moderate increase in cost.⁴

We look forward to working with you to address this important issue. Thank you for your consideration.

¹ Connecticut Department of Public Health. *The 2009 Connecticut Health Disparities Report*, p. xvii.

² The CT Coalition for Medical Interpretation. *Medicaid-Reimbursed Medical Interpretation Fact Sheet*, 2009.

³ Ibid.

⁴ American Journal of Public Health. "Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services" May 2004.